

Bidder Name: Value Options

2009 Iowa Plan RFP Bid Evaluation Scoring Tool

TECHNICAL COMPONENT

7A.2 Programmatic Overview ---- 60%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 150 pages.

Does it exceed? Y/N?

<p>√ 7A.2.2 Enrollees 65 and Older (2)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction [Meets] Partially Meets Fails to Meet</p>
<p>7A.2.2</p> <p>1. Did the bidder describe the experience it has in treating individuals aged 65 and older?</p> <ul style="list-style-type: none"> Did the bidder identify other states in which coverage has been provided? If so, do the referenced examples demonstrate experience that will benefit efforts to serve Iowans 65 and older? Did the bidder identify challenges and identify strategies for surmounting any identified challenges? Did the examples demonstrate a thorough understanding of the population and how to serve it? If there any recommended additions to the provider network as part of the proposal intended to better serve those aged 65 and older, do they appear appropriate and likely to be effective? Is there a proposed transition plan to ensure the continuity of care while enrolling the population into the Iowa Plan, including a communication plan? Is the communication plan sufficiently detailed and does it demonstrate an approach that is appropriate and likely to be effective? 	<p><u>Massachusetts ???</u> Not aware of VO programs for 65+.</p> <p>Referenced number of other states: <u>NO DETAILS</u> - can't assess experience & applicability to IA.</p> <p>Identified # of challenges/barriers + strategies to address ref. <u>Normal memory</u> <u>aging</u> <u>from providers</u> <u>Depression</u> <u>Training + counseling</u> <u>Rx status</u> <u>Access Delay</u></p> <p><u>Network Recommendations</u>: <u>outreach + Training</u>; <u>consultation to PCPs</u>; <u>care coordination - EBP</u> <u>No real additions to provider network.</u></p> <p><u>Transition</u>: <u>Giving voice to 65+ enrollees re. transition needs.</u> <u>self-directed care + participation in decisions.</u></p>

Public forums
 Univ. IA - Center of Aging
 Data req. - req. information for launch
 Provided fairly detailed plan of transition - continuity of care
we not necessarily general specifically to unique situation
 of 65+ population

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Value / Options.

<p>√ 7A.2.3.a) Coordination and Integration of Services (Sections 4.1, 4A, 4B, and 5A of the RFP)</p>	<p>(1)</p>	<p>Meets With Distinction</p>	<p>(Meets)</p>	<p>Partially Meets</p>	<p>Fails to Meet</p>
<p>1. Did the bidder describe the strategies it would take to coordinate and integrate service delivery for <u>each</u> of the five types of Eligible Persons and Enrollees?</p> <p><u>Eligible Persons with:</u></p> <p>(1) concurrent mental health and substance abuse conditions</p> <p>(2) concurrent mental health and/or substance abuse conditions plus concurrent medical conditions</p> <p>(3) concurrent mental health and/or substance abuse conditions and involved with the adult correctional system</p> <p><u>Enrollees with:</u></p> <p>(4) concurrent mental health needs and mental retardation</p> <p><u>Eligible Persons with:</u></p> <p>(5) mental health and/or substance abuse conditions with involvement with the child welfare/juvenile justice system)</p>	<p>1</p>	<p></p>	<p></p>	<p></p>	<p></p>
<p>2. Are the strategies appropriate and are they likely to be effective?</p>	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>
<p>3. Do they effectively embody the philosophy and program goals in that they, among other things:</p> <ul style="list-style-type: none"> emphasize honoring Eligible Persons' choice of service provider, promote the philosophy that Eligible Persons should be able to remain in their homes and communities, and demonstrate that the bidder is committed to working with all providers serving the enrollees to ensure blended and coordinated service delivery? 	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>
<p>4. Did the bidder provide examples of its experience in other states with respect to coordination and integration of services and how it will be applied in Iowa? Is the experience relevant and likely to be beneficial to Iowa?</p>	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>

* Regional Teams: w/ stakeholders - 6 teams. } coordination of
Local offices } cases

Focus on high need EIGHTS! - identifying; intensive out-reach for,
Track outcomes / utilization via connections.

Consumer Run Programs - family & specialists → navigate the b/c system / services

Are coordination with b/c: individual & system levels - coordinated cc activities
on individual level.

change in π made into the general cost-revenue terms - change dependent on
of producers.

Bidder Name: V/O

<p>√ 7A.2.4 Rehabilitation, Recovery, and Strength-Based Approach to Services (Sections 4.A.2 and 4.B.2 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>(Meets With Distinction) Meets Partially Meets Fails to Meet</p>
<p>1. Does the bidder's proposal include a detailed explanation of its experience providing behavioral health services through a recovery-oriented approach?</p> <p>2. Does the bidder's proposal describe in detail the model it proposes to implement?</p> <p>3. Does the bidder's proposal recognize the priority for effecting change during the contract period? Does the response provide details for realistic actions that the bidder intends to take during the contract period to affect change?</p> <p>4. Does the response specifically identify the bidder's approach with respect to:</p> <ul style="list-style-type: none"> Contractor interactions with Eligible Persons? service system planning and design? provider adoption of a rehabilitation, recovery and strength-based approach to services? <p>5. Is the bidder's proposed approach appropriate and likely to be effective?</p>	<p>(3) Training for change: hire PEO; 2 per group - members Rpt mti Focus on capacity / system to maintain relationship & Elj. th + families - Elj. th Address variable. - Stakeholder Member, Family for type of Assistance Program - partnering & Iowa NAMI, Alliance for mental Ill. / IAAK Training of staff in what recovery, recovery. (4) Conduct 6 focus groups in Iowa Dpt. of Families & DBS. re-hab work. - Elj. th (Family member w. i) be on every com committee & chair men + Family mem. Committee Committee structure - how will it members.</p>

① - Commitment to Eligible involvement.. what does this mean?

Core Helper Network: members + family members as part of recovery team.
- perspectives; member + family-direct work, Wellness Recovery Action Plan.

Network of Empowerment chs. - support g/p, outreach to shelters; drop-in chs.
Social Hub; Wellness Center.

mtg training for perspectives - empowerment.

② Peer support / family support integrated w/in clinical op - mgt team.

② IA Model: Creating a culture of aspiration. motivation created by hope.

Graphic illustration within; participation; peer support; peer-supported; recovery work. lead to

Outcomes

Intensive Case Coordination - strategic coordination / linkage.

Family Recovery, Wrap-Around, Flexible Funding.

Value to plan member empowerment system

Compassionate commitment - family work.

Partner in activities. has to have satisfaction in recovery.
Conducted by members / family members.

Team meetings: Instructional building, capacity building

Family - member + provide partnerships.

Recovery + Resiliency being taken - provide hand.

Providence education approach - outreach to Elj. th & family cgs.
Contracting Types for Recovery.

Eligible Bid - Referral Request.

⑤ What is level of anticipated risk?

Is this too radical? Threatening to providers?

Are there members & families wanting this?

Bidder Name: V10

7A.2.5 Person-Centered Care (Section 7A.2.5 of the RFP)	Sub-Section Score (circle one):
(3)	Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>7A.2.5.a)</p> <ol style="list-style-type: none"> Does the bidder's response describe the philosophy of how to best involve Eligible Persons in the planning of their care? Does the description include: <ul style="list-style-type: none"> how the bidder intends to assure that the Eligible Person and, as appropriate, family members, participate in treatment planning? descriptions of instances in which the bidder has successfully employed such strategies under other contracts? Is the bidder's proposed approach appropriate and likely to be effective? Do the cited examples of experience demonstrate working knowledge that will benefit Iowa? 	<p>Approach and plan were for 1st time + Diane birth</p> <p>- then approach for children + families supported by family the support + guidance.</p> <p><u>W/ support + principles for the planning.</u></p> <p><u>- Diff. - Planned care - support + guidance for the support + guidance.</u></p> <p>- 81% - 81% of the support + guidance - v</p> <p>- Additional support by families - (not all) by staff +</p> <p>Peer + Family for the support + guidance.</p> <p>W/ family + this is the support + guidance - v</p> <p>W/ support + guidance - v</p>
<p>7A.2.5.b)</p> <ol style="list-style-type: none"> Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to the implementation of strategies to involve Eligible Persons in the planning of their care? 	

Bidder Name: ✓10

<p>7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>✓7A.2.6.a)</p> <p>1. Is the bidder's proposed strategy to ensure statewide capacity sufficiently detailed to understand what it intends to do?</p> <p>2. Is the bidder's proposed strategy appropriate and likely to be effective?</p>	<p>yes it is sufficient detail - 3 phases however, did not detail timeframe for all required services. It appears so.</p>
<p>✓7A.2.6.b)</p> <p>1. Does the analysis include an identification of service gaps and the basis on which the bidder has made its determination?</p> <p>2. Was the bidder's methodology to identify service gaps comprehensive, rigorous, and valid?</p> <p>3. Were any major gaps of which the evaluator is aware missed?</p> <p>4. Does the bidder's proposal for how the gaps would be addressed seem appropriate?</p> <p>5. Did the bidder provide a plan for addressing the gaps, with an implementation timeline?</p> <p>6. Did the bidder address the following areas in its plan in a comprehensive and informed fashion:</p> <ul style="list-style-type: none"> • Level I Sub-acute Facility services delivery? • 24 hour mental health stabilization services? • Substance abuse peer support/recovery coaching? <p>7. Are the plan and timeline for addressing the service gaps appropriate and likely to be effective to enable the bidder to make all required mental health services available to the majority of Iowa Plan enrollees by the end of the second contract year?</p>	<p>yes it does & cites number of survey - was site visits.</p> <p>It appears so: document review; utilization review; focus groups.</p> <p>n/a</p> <p>Proposal seems very ambitious - question regarding funding \$</p> <p>yes - funding ambiguous for many services \$</p> <p>bidder addressed each of these at a minimum & included extensive list of other services.</p> <p>difficult to accept in given the ambiguity regarding funding formula!</p>

* Not clear what is meant by "Establish funding formula during contract negotiations"

Bidder Name: 10

7A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>√ 7A.2.6.c)</p> <p>1. Did the bidder describe the process by which integrated mental health services and supports will be authorized? If so, does the process appear to be appropriate and utilizing appropriately skilled staff?</p> <p>2. Did the bidder provide any parameters that would be implemented to guide the authorization of integrated services and supports? If so, do the parameters appear to be appropriate?</p> <p>5. Did the bidder provide examples of comparable past experience providing integrated mental health services and supports? If so, do the cited examples demonstrate working knowledge that will benefit Iowa?</p>	<p>Yes - ICC mostly: Yes</p>		<p>Yes; appear to be appropriate through process - mental health</p>	<p>meets at requirements! do they really get psych services? meets?</p>
<p>7A.2.6.d)</p> <p>1. Did the bidder describe how it will incorporate evidence-based practice into its management and how it will impact the services offered through the Iowa Plan?</p> <p>2. Is the bidder's proposed approach appropriate and likely to be effective?</p>	<p>Yes - not clear how it will affect services</p>		<p>Yes, EBP's Adult/child</p>	<p>Year 1 (concerns) for mental health Year 2 (concerns) for mental health Year 3 (concerns) for mental health</p>
<p>7A.2.6.e)</p> <p>1. Does the bidder identify any services for which it will not reimburse due to moral or religious grounds?</p> <ul style="list-style-type: none"> If yes, is there a complete explanation of these services? 	<p>NO</p>		<p>(This response should not be scored. The question is for informational purposes only)</p>	<p>Yes 3 AT statement. School + health be up + limit all. meet limit</p>

Bidder Name: _____

V/O

<p>7A.2.7 Organization of Utilization Management Staff (Section 5A.1 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.7.a)</p> <p>1. Did the bidder describe its organization of the Utilization Management Staff, including:</p> <ul style="list-style-type: none"> number of staff? credentials and expertise? the rationale for the mix of expertise? roles of different types of staff? methods to maximize coordination between UM staff and local delivery systems? methods to ensure continuity of UM for Eligible Persons making frequent use of the delivery system? <p>2. Is the number of Utilization Management staff, which the bidder proposes per region, and their expertise, well supported and appropriate?</p> <p>3. Is it clear that the staff will be knowledgeable of the services available in each region?</p> <p>4. Are the roles proposed by the bidder for each of the different types of Utilization Management staff appropriate?</p> <p>5. Are there roles or types of staff which should have been included but were not?</p> <p>6. Is the proposed approach to maximize coordination with local service delivery systems appropriate and likely to be effective?</p> <p>7. Is the proposed approach to ensure continuity for Eligible Persons making frequent use of the delivery system appropriate and likely to be effective?</p>	<p>2</p> <p>PRN Rev Reviews. Regional locations for Youth Services + RA services + Adult/Community Dev't. We did not provide Roles or Responsibilities for Intensive Case Management. Intensive Case Management MGR + 7 ICC Youth + 7 ICC Adult. Regional Clinical Managers for RA/DMH services. 14 (P) regionally based ICC's. Central Functions at each Center / Regional Functions ICC. Regional Structure ICC plus provider relations should cover this. yes. (1) strategy to reduce # of providers (IP) who will require RA background information. Are ICC performing ICM functions? 3) appears so. Structure/roles & responsibilities appear to be appropriate & likely to be effective. Reference other sections 7A.2.3 + (h) below - annoying Not clear how this will be done in context of answer to this question</p>
<p>7A.2.7.b)</p> <p>1. Did the bidder's other clients for which it has organized UM staff to maximize coordination with local service systems confirm the effectiveness of the bidder's performance?</p>	

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7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.8.a)</p> <ol style="list-style-type: none"> Do the UM Guidelines the bidder would use in authorizing mental health services appear to be appropriate? If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate? 	<p><u>Partially Meets</u> ??</p> <p>- not sure. MA was meeting with me. V/O has not incorporated psychosocial/necessity criteria it appears - not sure about this.</p> <p>n/a</p>
<p>7A.2.8.b)</p> <ol style="list-style-type: none"> Did the bidder describe how UM Guidelines would generally be applied to authorize or retrospectively review services? Did the bidder address how it would both manage the appropriateness of treatment duration and also manage potentially high volumes of service requests? Does the approach to outpatient service authorization address management of appropriateness review in a manner likely to be efficient and effective? 	<p><u>Meets</u></p> <p>yes - registration process for unit needs; for higher-intensity units</p> <p>yes - Ave. time: review treatment plans; registered units of registered - manage them in other ways.</p> <p>high volume back up if needed.</p> <p>yes: a patient: extremely can be effective.</p>
<p>7A.2.8.c)</p> <ol style="list-style-type: none"> Did the bidder discuss special issues in applying the guidelines for at least some of the following services and populations: <ol style="list-style-type: none"> substance abuse services for pregnant and parenting women? substance abuse services provided to Enrollees in PMICs? mental health inpatient services provided to Enrollee children in state mental health institutes? Eligible Persons with concurrent need for both mental health and substance abuse treatment? Assertive Community Treatment (ACT)? <ul style="list-style-type: none"> If so, does the bidder appear to have a thorough understanding of what special issues might arise and of how to address them? Were there any issues the evaluator felt should be addressed that were omitted? 	<p><u>Meets</u></p> <p>- yes - In Act: odd, p. 100, p. 101, p. 102, p. 103, p. 104, p. 105, p. 106, p. 107, p. 108, p. 109, p. 110, p. 111, p. 112, p. 113, p. 114, p. 115, p. 116, p. 117, p. 118, p. 119, p. 120, p. 121, p. 122, p. 123, p. 124, p. 125, p. 126, p. 127, p. 128, p. 129, p. 130, p. 131, p. 132, p. 133, p. 134, p. 135, p. 136, p. 137, p. 138, p. 139, p. 140, p. 141, p. 142, p. 143, p. 144, p. 145, p. 146, p. 147, p. 148, p. 149, p. 150, p. 151, p. 152, p. 153, p. 154, p. 155, p. 156, p. 157, p. 158, p. 159, p. 160, p. 161, p. 162, p. 163, p. 164, p. 165, p. 166, p. 167, p. 168, p. 169, p. 170, p. 171, p. 172, p. 173, p. 174, p. 175, p. 176, p. 177, p. 178, p. 179, p. 180, p. 181, p. 182, p. 183, p. 184, p. 185, p. 186, p. 187, p. 188, p. 189, p. 190, p. 191, p. 192, p. 193, p. 194, p. 195, p. 196, p. 197, p. 198, p. 199, p. 200, p. 201, p. 202, p. 203, p. 204, p. 205, p. 206, p. 207, p. 208, p. 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p. 1630, p. 1631, p. 1632, p. 1633, p. 1634, p. 1635, p. 1636, p. 1637, p. 1638, p. 1639, p. 1640, p. 1641, p. 1642, p. 1643, p. 1644, p. 1645, p. 1646, p. 1647, p. 1648, p. 1</p>

Bidder Name: v10

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.8.d)</p> <ol style="list-style-type: none"> Did the bidder list any services or levels of care for which prior authorization would not be required? Do the levels of care for which the bidder has indicated it won't require prior authorization appear to be appropriate, given both access to care and cost management objectives? Did the bidder describe a QI-related circumstance that would lead the bidder to request state approval for prior authorization? Does the prior authorization circumstance demonstrate experience and knowledge? Does the quality improvement circumstance example align with care and cost management objectives? 	<p>- Actually no. They did the opposite: No of services except following: will require PA. will require: EP, ACT, PAP, JOP.</p> <p>- Yes, a few of will not require PA -</p> <p>- Yes: when on eligible level - high utilization) included not allowing to the plan & provider who is disconnected.</p> <p>- ? Qi example is possible how you reconnected provider situation not amenable to connection.</p>
<p>7A.2.8.e)</p> <ol style="list-style-type: none"> Did the bidder describe how it would self-evaluate the clinical effectiveness and administrative efficiency of UM authorization processes? Does the bidder's proposal to self-evaluate the clinical effectiveness and administrative efficiency of the authorization processes rely upon robust and meaningful measurement of performance? Did the bidder describe circumstances under which it might waive prospective review requirements for certain providers? Does the bidder's description of circumstances under which prospective utilization review might be waived for certain providers demonstrate a well-reasoned approach to balancing appropriate utilization management with limiting administrative requirements of providers? 	<p>- Yes: very meaningful indicators included they have kept.</p> <p>- Yes</p> <p>- ? provider not been state <u>excellence</u> in past performance -> value-based program described later</p> <p>- if is not described here</p>

Bidder Name: U10

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.8.f)</p> <ol style="list-style-type: none"> Did the bidder describe how it would operationalize the state's concepts of "psychosocial necessity" and "service need"? Did the description contrast the proposed approach with that used for "medical necessity" under other contracts, or if not applicable, explain how the concepts differ? Does the bidder's approach for operationalizing the state's concept of "psychosocial necessity" in the authorization process for mental health services align with the state's objectives, as put forth in Section 5A.3.1 of the RFP? Did the bidder's distinction between "medical necessity" and the concepts of "psychosocial necessity" and "service need" convey a good understanding of how the approaches differ? 	<p><u>Meets</u></p> <p>Not clear to me that MBH/CMH take into account all of the state's criteria for psychosocial necessity; there may be confusion in the MBH but not necessarily stated in Attachment 1.</p> <p>Interesting that no data or examples from MA included even though is where UMGS came from.</p> <p>would have liked more on this. would have liked to have seen what MA guidelines & psychosocial necessity.</p>
<p>7A.2.8.g)</p> <ol style="list-style-type: none"> Did the bidder describe the process the bidder would implement for the administrative authorization of services (when contractual requirements mandate the authorization and reimbursement for services that do not fall within the contractor's UM guidelines)? Does the process the bidder proposes for implementing the administrative authorization of services appear to be appropriate? Did the bidder include in its description the way in which the bidder would allow for authorization for services provided during all the months of enrollment even if Medicaid eligibility is determined after the initiation of services? Does it appear that this process treats providers fairly and will be effective? 	<p>Yes - though some things remain - can be resolved prior to enrollment.</p> <p>Yes</p> <p>Yes</p> <p>Yes - as approach - trying SA provides mostly</p> <p>Confusion over Technical Change Coordination</p> <p>Extensive Clinical Management</p> <p>Effective Case Management</p>

Bidder Name: Ulo

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one):
7A.2.8.h)	Meets With Distinction <u>Meets</u> Partially Meets Fails to Meet
<p>1. Did the bidder describe how it would provide Intensive Clinical Management to certain Iowa Plan Enrollees, and the relationship of those activities to Targeted Case Management?</p> <p>2. Does the bidder's process for providing Intensive Clinical Management appear appropriate and likely to be effective?</p> <p>3. Is the bidder's proposed relationship of Intensive Clinical Management and Targeted Case Management appropriate and likely to be effective?</p>	<p>[Intensive Case Coordination; Intensive Case Mgt; Intensive Clinical Mgt.] - w</p> <p>- yes, describe ICC as part of TCM - some overlap may occur</p> <p>- yes: [ICC develops care plan - manages - monitor] Meets</p> <p>- yes though it is still a bit confused.</p>
7A.2.8.i)	<u>Meets</u>
<p>1. Did the bidder describe how it would provide 24 hour crisis management?</p> <p>2. Is the bidder's proposed approach to provision of 24-hour crisis management reflective of the current state of that service in Iowa, appropriate, and likely to be effective?</p> <p>3. Did the bidder provide examples of how that service has been provided in other states?</p> <p>4. Do the bidder's examples demonstrate experience and knowledge that would be of benefit to Iowa?</p>	<p>- yes 24/7 phone - appropriately staffed.</p> <p>- ?? it appears so</p> <p>- TX - Multistar example - crisis intervention. psychiatric emergency center</p> <p>- yes, could be</p>

Bidder Name: _____

V10

7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B.2.2 and 5A.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.9.a)</p> <ol style="list-style-type: none"> Did the bidder describe the 24-hour crisis and referral service that the Bidder would make available to Eligible Persons, including: <ul style="list-style-type: none"> how the Bidder would ensure the availability of clinicians with expertise in providing mental health and substance abuse services to children? how the 24-hour crisis and referral service would interface with the emergency crisis service system? Does it appear that the bidder's 24-hour crisis and referral service utilizes appropriately trained staff? Does it appear that the bidder's 24-hour crisis and referral service would provide sufficient access to clinicians with child mental health and substance abuse expertise? Does the bidder's response depict a process that would ensure that the 24-hour crisis and referral service appropriately and effectively interfaces with the emergency crisis service system? 	<p><u>Meets</u></p> <p>Yes: 24/7 phone service - clinicians - have on call - warm transfer</p> <p>Yes - experienced staff trained to identify the needs / resources - engaging + do referrals to appropriate resource.</p> <p>Yes - access to community providers + crisis teams: will provide example - do not have them</p> <p>Yes - will work collaboratively: Rep. + to + community to develop crisis response model / community partnerships</p>
<p>✓ 7A.2.9.b)</p> <ol style="list-style-type: none"> Did the bidder describe a process for identifying those Eligible Persons who have demonstrated the need for a high level of services or who are at risk of high utilization of services? Does the bidder's process for identifying those Eligible Persons appear to capture all of those in need of individual service coordination and treatment planning in a timely and efficient manner? Did the bidder describe how it would initiate ongoing treatment planning and coordination with the Iowa Plan Eligible Persons and all others appropriate for planning the Eligible Person's treatment? Does the bidder's process for initiating ongoing treatment planning and coordination appear to be appropriate and likely to be effective? 	<p>What are the specific criteria for high risk / high need??</p> <p>will utilize connections system to identify Eligible + high need.</p> <p>will use parameter in area definitions + reference min. level - Risk high.</p> <p>will work with PCIT, providers to identify individuals in need</p> <p>will be in joint treatment planning meetings:</p> <p>identify high risk / high need - flag for</p> <p>Clinical Case Mgt Team Meetings - ICC assigned</p> <p>include crisis plan / track utilization</p>

- mention during a time talking

Bidder Name: _____

<p>√ 7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B2.2 and 5A.5 of the RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.9.c)</p> <ol style="list-style-type: none"> 1. Did the bidder describe the program the bidder would implement in conjunction with officers of the courts to assure that court-ordered treatment complies with substance abuse criteria and therefore is reimbursable through the Iowa Plan? 2. Does the bidder's proposed program appear appropriate and likely to succeed? 	<p>Trac in court + practitioners in ASA criteria through global forums; web based conference calls + face to face training - Trac in Justice working group model // tracking? what if it could communicate to court? does not impact?</p>
<p>√ 7A.2.9.d)</p> <ol style="list-style-type: none"> 1. Did the bidder describe a process for actively promoting and ensuring coordination by Iowa Plan network providers with Enrollees' primary care physicians? 2. Is the proposed process for promoting and ensuring coordination appropriate and likely to be effective? 3. Did the bidder describe how it would assess network provider compliance with the care coordination requirements? 4. Is the proposed process for ensuring compliance, inclusive of any measurement and reporting activities, appropriate and likely to be effective? 5. Did the bidder provide results of monitoring efforts conducted for other clients to verify that coordination had been occurring effectively? 6. Do the bidder's examples of monitoring efforts document an effective process? 7. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting and ensuring coordination by network providers and primary care physicians? 	<p>- committed to ensure coordination + PCPs / co-manage + HCOs - must be IA medical society to identify doctor + providers must help - training + education of network docs; b h screens. - K & providers require training enabled PCP - audit records - policy - reduce of risk requirement; the network - education + training network as sharing info - identifying health plan or PCP. - education enables families & important. Better in Health Plan → higher policies for network, it's high risk; coordinated care mgmt; monitoring into exchange between providers. - maybe universal release form <u>Monitoring effort:</u> MASSACHUSETTS → Universal Release Form which can be used by BIP providers + MCO. - in the plan + external partners into b h are provided by PCPs as fast as they can. They list maybe efforts in MA. - Rules / UNCLEAR how these could/would translate to IA. CSP - try to utilize pharmacovigilance to track Rx outliers + identify quality improvement opportunities.</p>

Bidder Name: ✓10

<div> <div>✓7A.2.10 Children in Transition (Section 5A.6.1 of the RFP)</div> <div>(2)</div> </div>	<div>Sub-Section Score (circle one):</div> <div> <div>Meets With Distinction</div> <div>Meets</div> <div>Partially Meets</div> <div>Fails to Meet</div> </div>
<div>7A.2.10.a)</div> <ol style="list-style-type: none"> Did the bidder provide comprehensive and detailed descriptions of experience transitioning children from inpatient settings, including specific examples of hospital and PMIC-like entities? Did the bidder provide successful strategies for putting in place effective discharge placement from such settings? Does the bidder's described experience demonstrate experience and knowledge that would be of benefit to Iowa? 	<p>Experience in MA: CFFC & Community NJ: med system AZ: CSP model of bed agencies.</p> <ul style="list-style-type: none"> - maintain current IA from what - expand on current system: add opening in some units also the home health agency & child psychiatry units. As of 7/8/14 in some states Feasible? (Colombia 1.4)

- Family Reentry + IC - Best Timing & Type has
been successful in re-entry kids in some
As of this model in IT & also
ER in HLT.

Referral Reentry Families: therapy for first call -
colombia - bring this to IA in
collection to DHS.
Rate of home & state kid list -
Youth Issues Liaison

Approach has elements to be kept from
stamps in other states - didn't
talk a lot about getting kid home
from ID with -
breadstrokes!!

Bidder Name: V10

7A.2.11 Appeal Process (Section 5B.2 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
7A.2.11.a) 1. Did the bidder describe a process and provide an accompanying flowchart for the review of Enrollee appeals? 2. Does the flowchart provide timeframes from receipt of the request, and through each review phase, up to notification? 3. Is the described process consistent with the requirements contained in Section 5B.2 of the RFP, including the following and other requirements: • provision of written notice acknowledging the receipt of a request for review and reasonable assistance with filing appeals, if requested? • 100% of all expedited appeals will be resolved within 3 working days of receipt of an appeal. All non-expedited appeals shall be resolved within 14 days of the receipt of the appeal and 100% shall be resolved within 45 days of the receipt of the appeal? • provision of a written notice of disposition that includes the requirements outlined in 5B.2.11 of the RFP?	3 Appeals to be compliant with RFP requirements. Will provide written notice promote awareness of right to appeal through many channels: website, hot line, training; Family Partners etc.			

with DHS & CMS permission: Enroll Enrollee + Partner app to participate in Appeals Committee & permission of DHS (?)

Assist Enrollee in filing Appeals through member service Relations staff & Clinical Care mgrs.

Training Family Partners + Recovery Partners to assist Enrollee.

Bidder Name: V10

7A.2.12 Grievance and Complaint Process (Sections 5B.1, 5B.3 and 5B.4 of the RFP) (1)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.12.a)</p> <ol style="list-style-type: none"> Did the bidder describe the processes it would put in place for the review of Enrollees grievances and Eligible Persons complaints? Is the described process consistent with the requirements contained in Section 5B.3 of the RFP, including the following and other requirements: <ul style="list-style-type: none"> Enrollees or their designees may initiate a grievance either orally, to be followed up in writing, or just in writing; complaints from DPH-eligible participants regarding treatment programs will be directed to DPH? provision of written notice acknowledging the receipt of a the grievance? rendering all decisions in writing with notice of right to additional review and information on the process to initiate additional review? 95% of all complaints and grievances shall be resolved within 14 days of receipt of all required documentation and 100% shall be resolved within 90 days of the receipt of all required documentation? 	<p>Enrollee process described thoroughly - Spec. Mgt Team will review grievances & resolutions. Will comply w/ all requirements.</p>

Bidder Name: V10

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP) 3	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.13.a)</p> <ol style="list-style-type: none"> Did the bidder describe how it would ensure that the provider network is adequate and that access is maintained or increased to meet the needs of Iowa Plan Eligible Persons? Does the proposed approach to ensuring an adequate provider network and access appear appropriate and likely to be effective? Did the bidder identify where there are potential issues of lack of capacity within the Bidder's network, and steps it would take to increase capacity? Are the identified potential issues reflective of the current Iowa service system? Are the proposed steps to increase capacity appropriate and likely to be effective? Did the bidder provide examples from current contracts of how it has ensured network adequacy in states with a shortage of psychiatrists or other specific behavioral health professionals? Do the bidder's examples from other states demonstrate experience and knowledge that would be of benefit to Iowa? 	<p>Versity of methods to ensure access including: Co-located; Outreach; Referrals; Telehealth; Simulation of how it works; Clinical Rpt to Rpt; Provider Recruitment; Target providers to add to network would you provide specialty services.</p> <p>Provider Recruitment: many already have providers under contract "???"</p> <p>Network Development Plan.</p> <p>nm: My, etc. & others.</p> <p>Telehealth in (IA, TX, IL, TN & NM)</p> <p>Overall access is fairly near to.</p>
<p>7A.2.13.b)</p> <ol style="list-style-type: none"> Did the bidder describe proposed strategies to bring services to underserved communities, including, but not limited to, for: <ul style="list-style-type: none"> the use of telehealth and distance treatment options? provision of child psychiatric consultation services to primary care clinicians? Do the bidder's proposed strategies to bring services to underserved communities appear likely to result in improved access? 	<p>St of IA Counties in IA are targeted for the expansion of provider access</p> <p>Is there a shortage of psychiatrists?</p> <p>Telehealth: incrementally expand telehealth - available statewide by end of CY 2.</p> <p>- work with IA Dept of SA Dept of H. FIA & others.</p>

Child Psych (incl) & per 101.
 full time consult child psychiatrist - MA mental

PAHs, CHCs, ISH & RHE & School based clinics.
 IA-Green Co. telepsychiatry mobile. - Rpt mnt. / more than 10
 nm-telehealth
 compliance 158
 17

Bidder Name: _____

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.13.c)</p> <ol style="list-style-type: none"> Did the bidder describe its experience under other contracts to ensure delivery of services to underserved communities when provider network capacity was initially found to be inadequate? Did the bidder's description of experience addressing initial network inadequacy for underserved communities in states where there was a shortage of psychiatrists demonstrate effectiveness? Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to addressing initial network inadequacy for underserved communities? 	<p>Plan of care - individualized NM - Indian Health Service - facilities/setting serv. EBP's. Not well established. Ongoing community re-investment Planned role in NM.</p>			
<p>✓ 7A.2.13.d)</p> <ol style="list-style-type: none"> Did the bidder describe its experience implementing Medicaid managed behavioral health programs in which it successfully promoted the development of: <ul style="list-style-type: none"> psychiatric rehabilitation services? mental health self-help and peer support groups? peer education services? Does the bidder's description document its experience and success promoting the development of these three services and making them available to enrollees? Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting the development of and implementing psychiatric rehabilitation services, mental health self-help and peer support groups, and peer education services? 	<p>MA: Revery Learning Community - 6 people (peer-run / recovery center) Consumer Satisfaction - 60% - Tom Sullivan Bu center for rehab. - low Peer Education Program. (Peer Support & Self-Help) Peer Recovery Program. G. Peer Education MA - Pilot project - Peer Support via Telehealth.</p>			

Bidder Name: _____

7A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.13.e)</p> <ol style="list-style-type: none"> Did the bidder describe its experience with contracts that include SAPT Block Grant funding? Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa? Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to contract with provides for services funded by an SAPT Block Grant? 	<p>KS - given to Malloy memo</p> <p>MM</p> <p>TX</p> <p>gley do not know/never SAPT funds in these programs. ?</p>
<p>7A.2.13.f)</p> <ol style="list-style-type: none"> Did the bidder describe its experience contracting with networks of comparable or greater size than those of the Iowa Plan within the timeframe afforded by this procurement? Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa? Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to timely network contracting? 	<p>TX - network - reported network & network participation req.</p> <p>MA</p> <p>availability of TX to serving d/o</p> <p>K)</p> <p>CT</p> <p>EL</p>

MT

Bidder Name: Mo

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.14.a)</p> <ol style="list-style-type: none"> Did the bidder describe how it would actively manage quality of care provided by network providers of all covered service, including the Bidder's proposed methodology for conducting provider profiling and utilizing the profiles to generate quality improvement? Does the content of provider profile reports for providers of child inpatient mental health services, providers of adult outpatient mental health services, and providers of Level II substance abuse services, appear to adequately capture the critical elements of the performance of each of those providers? Do the reports contain indicators for performance which address clinical quality, access, utilization management, linkage with primary care physicians, and enrollee satisfaction, at a minimum? Are the sample report content descriptions missing any major areas of provider performance one would expect to see in the report? Is the timing of report distribution proposed by the bidder frequent enough to ensure that all provider and service types will be profiled and will receive reports at least quarterly? Did the bidder describe explicitly how the bidder would interact with each provider following the distribution of each profile report? Does the bidder's proposed approach for generating and facilitating improvement in the performance of each profiled provider seem like it will be effective? Does the bidder's proposed approach include interactive communication between bidder staff and providers in which feedback is shared? Did the bidder indicate how it would periodically assess provider progress on its implementation of strategies to attain improvement goals? Did the bidder adequately describe its process for identifying areas of improvement with providers and setting improvement goals for priority areas in which provider performance falls below acceptable or benchmark levels? 	<p>Included process in community - Enrollers, advocates, providers, state agencies, and to determine public measures</p> <ul style="list-style-type: none"> - List of measures and in the public sector programs as state priority for plan implemented above - not perfect - minimum public elements for SA programs - quarterly reporting; zero begin; only high volume providers - SA 7/16-9/10 data - then quarterly - reactive provider performance policy in integrated benefit system Steps: opt-in & then results & individual providers; forms - for performance → QI → overall action Provider Reports: regional - overall results for providers - review performance & part of re-evaluation Reports are confidential Examples: PCP in MA & county system in MA MA PCP - VNS - accreditation system MA - BHE S profiles; county only; individual review - Enrollers & EBP adoption - reduce admin burden - value list to reward high performance - best practice provider - include new information through action plan & review Value list Facility System: existing in MA, other plans; Allocation funding regional results: 7/30 day - HEDIS - Black & White for # of days provider value list top clinic system: similar to facility system - list of measures - EBP, etc Factor that better besides not forms & newsletters, etc Results: QI approach; committee action; step referrals; Announcements on external end Provider Monitoring: current with performance - Monitor (MS)

20
 Clear out of escalation from
 Connected Action Step outlined
 Communication; monitoring; Incentive; Addressing patient
 and staff.

Bidder Name: U/O

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.14.a) (continued)</p> <p>11. Did the bidder describe a process of frequent reassessment of provider performance on improvement goals, including face-to-face meetings with appropriately qualified bidder staff? Does it appear appropriate and likely to be effective?</p> <p>12. Did the bidder provide examples for how provider profiling has been utilized to improve service delivery? Does the approach appear to have resulted in measurable quality improvement?</p> <p>13. Did the bidder describe how it intended to reward providers that demonstrate continued excellence or dramatic improvement in performance over time and how the bidder would share "best practice" methods or programs with providers of similar programs in its network?</p> <p>14. Did the bidder describe how it intended to penalize providers that demonstrate continued unacceptable performance or performance that does not improve over time?</p> <p>15. Does the proposed use of rewards and penalties appear appropriate and meaningful for network providers?</p> <p>16. Are the proposed methods for sharing best practices likely to support replication by other network providers?</p>				

Bidder Name: ✓10

7A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.14.b)</p> <ol style="list-style-type: none"> Did the bidder provide a description of how network management activities performed for other state clients that are comparable to those described in Section 5C.5? Did the description convincingly convey that the bidder has effectively operated comparable network management activities for state clients? 	<p>MA KS TX</p> <p>no - just a list of 3 states to go forward.</p>
<p>7A.2.14.c)</p> <ol style="list-style-type: none"> Did the bidder provide copies of provider profiles employed for two clients? Do the profiles demonstrate the bidder's experience and capacity to generate the type of provider profiles required by this RFP? Did the bidder describe measurable performance improvement that resulted from the provider profiles? Is the bidder's demonstration of improvement resulting from the use of provider profiles credible and significant? 	<p>MA. Profile groups: heavy on education. Why not include IP reality? then we know: op: ESP; RA.</p> <p>RA. Aggregate groups of provider profiles for comparison & improvement; outcomes, etc.</p> <p>measurable results in RA. T flu to IP data reporting critical numbers.</p> <p>UP to today a/c rate.</p>
<p>7A.2.14.d)</p> <ol style="list-style-type: none"> The bidder describe how it would assure the accuracy of ISMART data submitted by the providers of substance abuse services comprehensive? Is the proposed plan appropriate and likely to be effective? 	<p>Following action: suggested institutions & financial info, annual review</p> <p>Gen apt will be accountable - especially provide for RPs & active PR team.</p>

Bidder Name:

√7A.2.15 Quality Assessment and Performance Improvement Program
(Section 5D RFP)

Sub-Section Score (circle one):

③

Meets With Distinction

Meets

Partially Meets

Fails to Meet

7A.2.15.a)

1. Did the bidder describe experience in using data-driven evaluation of organization-wide initiatives to improve the health status of covered populations?
2. Does the bidder possess meaningful, successful experience in using data-driven evaluation of organization-wide initiatives to improve the health status of populations?
3. Did the bidder provide quantified, statistically significant evidence of improved:
 - mental health quality – process measures
 - substance abuse quality – process measures
 - mental health quality – functional or clinical outcome measures
 - substance abuse quality – functional or clinical outcome measures
 - mental health quality – consumer-reported outcome measures
 - substance abuse quality – consumer-reported outcome measures
4. Did the bidder's references confirm the bidder's effectiveness generating statistically significant improvement in population health status?

(M-4)

(S. 4)

414

5A

Return ⁴²¹

7A.2.15.b)

1. Did the bidder describe its experience implementing instruments in publicly funded managed care programs that assess changes in functional status and/or recovery?
2. Did the bidder's description specify tools, populations, sample sizes, findings, and how the bidder acted upon its findings?
3. Does the bidder's demonstrated experience indicate its capacity to implement such instruments in Iowa, and to make good use of the findings?

Description of mixed SA Am Program. mobility ref, and Am

Consumers/Families: spend & travel expenses.

*MA - mit ALOS SP facilities - silk-very good too

we want com. next to this? (at info from this?)

as (studies at R₂) - mental 165x of metabolic syndrome -

... should ask him to ask

KS - Access to Core material + study, 9 min. Verd lost relocation by 866.
From team + review PR. 144.

in some reactions with 178 to 256 instead

17A Accen + min + 17 min. 17A min. 17A min.

PA = Chloral Butyrate in Fick's alk. amine.

9/10 d/t Hosp HEDIS - rts input - wait

Platz 1 + 2: Pabststempel

— Export / Import →
Exchange rate important. High rate import +.

PA : Port of Tampa - runs ROFP + RAS. 73 RAS (60 R)

Bas. research lab of research group

Ex: Short on interest rates based on results

15. air Asm + 10 Jendo - mins -

RS. $B \cdot A^2 = 100 \times 10^3 \times 10^3 = 10^8$

then called this "e."

no risk to life & health & environment New east to New member

Person did not live up to moral in my estimation / hence.

Ep. papilion (AFA) & in cas - mlt
AFA's fungy chiken.

Bidder Name: _____

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.15.c)</p> <p>1. Does the bidder describe an array of different methods by which consumers <u>and</u> family members would be proactively engaged by the bidder in the Quality Assessment and Performance Improvement program? Possible techniques that the bidder might have cited include:</p> <ul style="list-style-type: none"> • adding consumers and family members to bidder-sponsored quality improvement teams; • using advisory groups or focus groups to advise the identification and design of possible improvement projects, and • using surveys to elicit consumer and family members suggestions and/or feedback. <p>2. Does it appear that consumers and family members would have a substantive role bidder in the Quality Assessment and Performance Improvement program based on the bidder's response?</p>	<p>Do not like my re-directed to previous section 7. A.2.4. <u>not responsible!</u></p>
<p>7A.2.15.d)</p> <p>1. Did the bidder describe how it would use pharmacy data to improve quality, including to:</p> <ul style="list-style-type: none"> • identify utilization that deviates from clinical practice guidelines for schizophrenia and major depression, and • identify those Enrollees whose utilization of controlled substances warrants intervention either because of multiple prescribers, excessive quantities or prescribing that is inconsistent with the clinical profile of the Enrollee. <p>2. Does the bidder's description demonstrate a good understanding of the use of pharmacy data for quality improvement and seem likely to be effective?</p>	<p>Pharma Connect System not guidelines - Alerts w/in engine → action. GAP - what report to 1-3? ↳ Alerts system for gap related to high-risk situations e.g. multiple Rx filling within short time. Alerts for poor compliance; Early D/C of Rx; Duplication Rx; Poly Rx, Depression w/o Anti-dep Rx. ; Unusual combination Rx Robust, powerful system. Examples of how well it works!</p>

Bidder Name: _____

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.15.e)</p> <ol style="list-style-type: none"> 1. Did the bidder describe its identification of the greatest opportunities for quality improvement in public managed behavioral health programs like the Iowa Plan? 2. Does the bidder's description of the greatest opportunities for quality improvement indicate a profound understanding of public sector behavioral health programs? 3. Are the opportunities consistent with what the Evaluator might identify as high priority opportunities? 4. Are the quality improvement approaches described likely to result in improved function and well being for enrollees? 5. Did the bidder describe approaches to realize two such opportunities in Iowa? 6. Are the proposed approaches appropriate and likely to be effective? 	<p>• Utilization of advanced analytics</p> <p>• "Explicit" help & support groups - including Spanish</p> <p>• Adapt rehab/recovery & LSW pgs.</p> <p>• (mild) network connectivity to GP's & other non-psychiatrists.</p> <p>• Consumer Support Teams.</p> <p>• MAT - Real Dx Entry</p> <p>children's system (and + Emergency Crisis Response)</p> <p>Not well constructed system - arrayed by mis labeling of sections - some suppression here.</p>
<p>7A.2.15.f)</p> <ol style="list-style-type: none"> 1. Did the bidder describe experience adapting policy or procedures based on input from publicly funded consumers and advocacy groups? 2. Did the bidder convincingly document that these efforts have had a measurable beneficial impact on its members? 3. Do the bidder's references confirm that the bidder has used consumer and advocate input to shape policy and procedure and that this work has had a measurable impact on members? 	<p><u>MA</u> 1989 Consumer Information Team Initiative.</p> <p>2001 - Day 14 surveys - 3 over the QID.</p> <p>2002 - Executive Policy TX by CST.</p> <p>MA - Nap & Chr. (DEC)</p> <p>Stark Committee - strategic planning for DEC - ill-hill start</p>

long range goals - the

Bidder Name: UB

<p>√ 7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)</p>	<p>Sub-Section Score (circle one):</p> <p>Meets With Distinction Meets Partially Meets Fails to Meet</p>
<p>7A.2.15.g)</p> <p>1. Did the bidder describe the process by which the Bidder would conduct retrospective monitoring of all substance abuse service providers in accordance with Section 5.D.1.2?</p> <p>2. Does the description include:</p> <ul style="list-style-type: none"> The source of the evaluation tool with which the bidder would assess the appropriateness of clinical services delivered? What actions the bidder would propose to take with a provider who it has determined does not deliver services or follow contract guidelines appropriately, both in the event of an initial finding and of a repeated finding? <p>3. Does the proposed process appear appropriate and likely to be effective?</p>	<p>Check reviews - random sampling; intentional clients / staff, outside audits. Focus on ERB - primary - directly fed to Dept based on these. Fidelity review etc. Post payment review - claims data; payor & cost report. Clinical records review: - ADAM PAC-212; workable to RFP etc. Review Panel to (13?) : worked report to provider - preliminary results. (??) State, Analysis, Review → State - worked report to provider - recommendations. Do Not Meet: refer to non-payment - 7/1/2014 - pre-determination process - of compliance.</p>
<p>7A.2.15.g) <u>h</u></p> <p>1. Did the bidder provide a copy of a 2008 QA plan that the bidder developed for a publicly funded client?</p> <p>2. Does the QA plan depict a comprehensive, well-designed approach to quality assurance and performance improvement?</p>	<p>UBH-PA. Risk & Regulatory; Structural - Resources. FDA ai model. Training. Goals & objectives - report details.</p>

UBH-PA

Evaluation of JMS

1. " Structural Issues

1. " network

highlight p 30 - why?

Ⓟ missing end measures - committed to change.

These findings - report - measure, data source!

Bidder Name: V10

7A.2.16 Prevention and Early Intervention (Section 4A.4.2 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<ol style="list-style-type: none"> 1. Did the bidder describe the strategy that it will invoke in order to increase access to and utilization of prevention and early intervention services? 2. Is the strategy appropriate and likely to be effective? 3. Did the bidder describe its experience in implementing such strategies under other contracts? 4. If so, do the other programs appear to be well conceived? 5. Was the bidder able to demonstrate that the programs had measurably affected changes improvements in access to and utilization of prevention and early intervention services? 6. Do the bidder's references confirm that the bidder has successfully implemented strategies to increase access to and utilization of prevention and early intervention services and that this work has had a measurable impact on members? 	<p>Targeted to infants + young kids 0-5 yrs.</p> <p>3 Recommendations: ① Screen + assess social/emotional health of children birth to 5 yrs. + develop consistent referral process. 4 steps: Referrals - ① Tails - ② CR - ③ Counsel + Referrals ④</p> <p>⑤ - Screen/Assess mit + for children 0-5 3 steps: ① - Early mit Tx up to 2 ② - Application of new standards for dx. 3 - Assessment/Intervention</p> <p>⑥ Training infrastructure</p> <p>One Effect that support young children.</p>

Narrowly interpreted EI

PE+O programs.

NM CBR - Strengthening Families Program -
14-session family skills program.

Linkages Housing - build 3000 supp. the housing unit.
- community-based SBC for children/young - DD
- ACT for adults.

Bidder Name: V/O

Can have 7 open toms (7)
No date Reming

7A.2.17 Management Information System (Section 6.4 of the RFP)		Sub-Section Score (circle one):			
		Meets With Distinction	Meets	Partially Meets	Fails to Meet
7A.2.17.a)		<p><u>Conclusions</u>: fully integrated system - All important. * 3rd level funding. 23 million for recipients receiving Service Connect = 6525 Contract - all data recorded in last contract. Enrollee/Provider history - service connect & health connect. Health Connect - CareLink, HIMA (IDPH) + Teleconnect, IVR system, Fax connect, FCI - EDE Claims connect, working.</p>			
7A.2.17.b)		<p><u>Revised Registration solution</u>. Will be a 6 digit registration - updated 1/1/01 date.</p>			
7A.2.17.c)		<p>Registration solution - type writer/field & make will give him your funding would on tape which is rate of time/dot of service. Will make 2 Reps to ensure correct allocation</p>			

Bidder Name: U/O

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.18.a)</p> <p>1. Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:</p> <ol style="list-style-type: none"> 1) an Insolvency Protection Account, that must contain at all times, an amount equal to two (2) months of the anticipated annual Medicaid capitation amount; 2) a Surplus Fund, in an amount equal to one and a half times the Contractor's average monthly Medicaid capitation payment; and 3) Working Capital in the form of cash or equivalent liquid assets equal to at least three months' operating expenses. <p>2. Did the bidder disclose the source of the capital required?</p> <p>3. Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?</p> <p>4. Does the bidder's source of capital appear to be sufficient and stable?</p>	<p><u>2</u></p> <p><u>Insolvency</u>: maintain 24 + 5 2x months Medicaid cap amount. U/O, Inc. will deposit required funds in the Insolvency Fund.</p> <p><u>Surplus Fund</u> 150% of contract by avg. monthly Medicaid capitation fund (83.5% of cap payment) - existing funds will be included in this fund.</p> <p><u>Working Capital</u>: equal to projected Medicaid cap amount. fund from maintenance + 3 months. U/O, Inc will provide funds.</p> <p><u>Community Reinvestment</u> - specific amt. to CR [did not specify 25%]</p> <p><u>Interest Earnings</u> - not doing much -</p>			

Bidder Name: _____

7A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.18.b)</p> <ol style="list-style-type: none"> 1. Does the bidder demonstrate that its organization is financially sound? 2. Do the bidder's financial statements and those of any corporate parent support its claims? 3. If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful? 4. Does the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable? 5. Did the bidder provide its most recent three (3) years of independently certified audited financial statements of its organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable? 6. Do the audited statements reveal any financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability or corporate interests? 	<p>2 mos. v/b independent certified financials. — They don't but provide high level as other bidders did. 2005/2006 — must reunit "??</p>
<p>7A.2.18.c)</p> <ol style="list-style-type: none"> 1. Did the bidder discuss what impact the recent declines in the stock market have had on the Bidder's financial stability, how the Bidder has responded, and any implications for the Bidder's ability to meet the requirements of this RFP? 2. Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity? 	<p>largest "independent" b/c company — mostly full. issues on wall st. have no direct impact on VC's ability to fulfill all requirements.</p>

Bidder Name: U/D

7A.2.19 Claims Payment by the Contractor (Section 6.7 of the RFP)	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>7A.2.19.a)</p> <ol style="list-style-type: none"> Did the bidder describe the process it would implement to ensure compliance with the required time frames for claims processing? Is the process consistent with the requirements set forth in Section 6.7 of the RFP? Does the process the bidder would implement to ensure the bidder's compliance with the required time frames for claims processing appear appropriate and likely to be effective? 	<p>Contractor platform - across multiple trading streams.</p> <p>See paper claim → adj. 2/1 vision - process ERI</p> <p>1/1/15 837P & 2 files.</p> <p>158 with 11 Aug; 209 with 30 days reg. unproven.</p> <p>will necessitate multiple check runs w/in week??</p> <p>Based trading cycle - client-defined hierarchy</p>
<p>7A.2.19.b)</p> <ol style="list-style-type: none"> Did the bidder describe its experience implementing contracts in which the claims payment process supported the accurate and timely payment of claims as of the first day of operations? Do the references provided by the bidder confirm that the bidder has been able to successfully implement accurate and timely payment of claims as of the first day of comparable contracts? 	<p>Pay 1 implementation: MBHP-MA. <u>TX - this is true</u></p> <p>7/1/96 - client's first paid claim files</p> <p>7/1/96 - re-avail.</p> <p>PA. since 89</p> <p>TX. 7/89 - Pay 1 claim received</p>

10

Compliance Program - program integrity.

RFP - Code of conduct : representing & investigating
methodical conduct, transparency, confidentiality
ethics, policy.

Testing - complete testing in 90 days - Fault
Abuse; whistle blow, Policy, Code of conduct.

Answer 1113) : Compliance officer \rightarrow ED
Compliance Committee \rightarrow not a committee

Open Chs of Communication

~~no~~ ~~h.t.l.m~~ hwp
h.t.l.m

no 12ph units L. 16d.

Investigation Report, Committee Action
Committee Report + SIV - investigation

no compliance
check with
report to
Dpts.

did not make
high claims -
tough!

SA my ian LM -
tuesday, reception, evening -
ten. water

not Hilbert (see Ant-Formal)
S (RIS data) → not (mus (lip)
Law Enforcement + Justice).

Bidder Name: _____

7A.3 Corporate Organization and Experience --- 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 15 pages.

Does it exceed? Y/N?

7A.3 Corporate Organization and Experience (Section 6.8 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.a)</p> <p>1. Did the bidder provide the following information on all current publicly funded managed behavioral health care contracts?</p> <ul style="list-style-type: none"> i. contract size: average monthly covered lives and annual revenues; ii. contract start date and duration; iii. general description of covered population and services (e.g., Medicaid AFDC + SSI, state-only population, mental health, substance abuse, state hospital, etc.); iv. the company or agency name and address, and v. a contact person and telephone number? <p>2. Does the information indicate that the bidder has experience with contracts that are comparable in size and scope to the Iowa Plan?</p> <p>3. Did the bidder include letters of support or endorsement from any individual, organization, agency, interest group or other entity despite the prohibition in the RFP from doing so?</p>	<p>no address may!</p> <p>how is experience defined? no diff out include medical cap.</p> <p>(Y)</p> <p>yes</p> <p>(N)</p>			

Bidder Name: ✓/10

7A.3.1 Organizational Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.1.a)</p> <p>1. Does the bidder provide all of the following (as required by the RFP)?</p> <ul style="list-style-type: none"> • lists and organizational charts showing any and all owners, voting and non-voting members of the Board of Directors, officers and executive management staff, including CEO, COO, CFO, Medical Director, UM Director, QM Director and MIS Director or equivalent functional personnel? • the curriculum vitae for the aforementioned executive management staff? • if the bidder is a wholly or partly owned subsidiary or partnership, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its parent(s) and any other related organizations? • an organizational chart depicting the bidder in relation to the corporations to which it is a subsidiary or partner? • if the bidder has subsidiaries, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its subsidiaries? • an organizational chart depicting any subsidiaries in relation to the bidder? <p>2. Are any key positions vacant?</p> <p>3. Do senior officers appear to be appropriately qualified?</p> <p>4. Are there any apparent corporate relationships that would introduce a conflict of interest if the bidder were awarded the contract?</p> <p>5. If the bidder is a subsidiary or partnership, are the parent corporations or partners engaged in business activities that are complimentary to, and likely to provide long term support to, the bidder?</p> <p>6. If the organization is a partnership, is the line of authority clearly delineated?</p>	<p>yes</p> <p>yes</p> <p>~ 1/2</p> <p>yes</p> <p>no</p> <p>yes</p> <p>no</p> <p>~ 1/2</p> <p>no</p>			

Bidder Name: ✓/0

7A.3.2 Disclosure of Financial or Related Party Interest	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.2.a)</p> <p>1. Does the bidder disclose any legal, financial, contractual or related party interests which the bidder(s) shares with any provider or group of providers, or provide a statement of no financial or related party interest?</p>	N/A			
<p>7A.3.2.b)</p> <p>1. Does the bidder (and if the bid involves a partnership or another type of joint venture, any of the bidders) share a financial or related party interest in any provider or group of providers, does the bidder set forth a mechanism by which it proposes to prevent any preferential treatment to those entities with which it shares a financial or related party interest?</p> <p>2. If the response to #1, above, is affirmative, does this mechanism effectively prevent preferential treatment to those provider entities in which it shares a financial or related party interest?</p> <p>3. Is it likely that the bidder's mechanism will prevent the following situations which might indicate an attempt to ensure financial gain (from RFP Section 5C.3):</p> <ul style="list-style-type: none"> • a change of the distribution of referrals or reimbursement among providers within a level of care? • referral by the Contractor to only those providers with whom the Contractor shares an organizational relationship? • preferential financial arrangements by the Contractor with those providers with whom the Contractor shares an organizational relationship? • different requirements for credentialing, privileging, profiling or other network management strategies for those providers with whom the Contractor shares an organizational relationship? • distribution of community reimbursement moneys in a way which gives preference to providers with whom the Contractor shares an organizational relationship? • substantiated complaints by enrollees of limitations on their access to participating providers of their choice within an approved level of care? 				

Bidder Name: _____

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.3.a)</p> <p>1. As far as the evaluator is aware, did the bidder disclose all relevant information in response to the following RFP questions and requirements or make a statement that there is no applicable information (as required by the RFP)?</p> <ul style="list-style-type: none"> During the last five years, has the bidder or any subcontractor identified in this proposal had a contract for services terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the initial contract provisions? If so, provide full details related to the termination. During the last five years, has the bidder been subject to default or received notice of default or failure to perform on a contract? If so, provide full details related to the default including the other party's name, address, and telephone number. During the last five years, describe any damages, penalties, disincentives assessed or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by the RFP and the resulting Contract. Indicate the reason for and the estimated cost of that incident to the bidder. During the last five years, list and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters that could affect the ability of the Bidder to perform the services contemplated in this RFP. During the last five years, have any irregularities been discovered in any of the accounts maintained by the Bidder on behalf of others? If so, describe the circumstances of irregularities or variances and disposition of resolving the irregularities or variances. The bidder shall also state whether it or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services contemplated in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony. 	<p>NO</p> <p>NO</p> <p>have and provide in the public data contracts - to be delivered; compliance to be.</p> <p>AZ center + but not: list of units; ERISA meeting.</p> <p>(AR) NO</p> <p>NO</p>			

Bidder Name: _____

7A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.3.a) (continued)</p> <p>2. If the bidder disclosed that it, or one of its subcontractors, had defaulted on a contract or had a contract terminated for cause, and the project contact person was contacted, what was the explanation given for the problem and does it raise concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>3. If the bidder disclosed that, during the previous five years, legal action was taken against the bidder or if any legal actions are pending, does the explanation and status update provided by the bidder alleviate any concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>4. If the bidder's current corporate configuration is related to mergers, did the bidder provide the requisite responses to the questions above for all components of the merged entities (as required)?</p>	<p>✓</p> <p>Yes</p> <p>✓</p>			

Bidder Name: _____

7A.4 Project Organization and Staffing - 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 10 pages.

Does it exceed? Y/N?

7A.4.1 Organizational Chart	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Did the bidder provide an organizational chart that demonstrates: a) the bidder's corporate structure? b) the reporting relationship which staff assigned to the Iowa Plan would have with other parts of the bidder's corporate structure?	Y			
2. Does the proposed reporting relationship between staff assigned to the Iowa Plan and other parts of the bidder's corporate structure appear appropriate and likely to be effective? Does it appear that the Iowa Plan-assigned staff will receive sufficient corporate attention and support?	Y			

Bidder Name: Mo

7A.4.2 Chart or Other Presentation	Sub-Section Score (circle one): Meets With Distinction Meets Partially Meets Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none"> a) every position which would be working on the Iowa Plan? b) the name and qualifications of the proposed Iowa-based individual who would have management responsibility for Iowa Plan operations? c) the reporting relationships between those positions? d) the credentials required of individuals to be hired for each clinical and management position? e) the office locations of each individual? <p>2. Do the types and numbers of staff to be assigned to the Iowa Plan appear to be sufficient in number and have the appropriate credentials?</p> <p>3. Are adequate resources dedicated to serving DPH Participants?</p> <p>4. Is the staffing distributed appropriately given the allowable distribution of administrative costs to each funding stream (i.e., Medicaid 13.5% or less; DPH, 3.5% or less)?</p> <p>5. Are the UM, QA, claims and systems senior management positions appropriately qualified and reporting at an appropriately senior level of the organization?</p>	<p>NO NO - Compliance Director / audits + clinical reviews / Appeals by Appeals and Assoc. w/ ops & Admin?</p> <p>YS</p> <p>DPH not identified agents from Medicaid.</p>

Bidder Name: JW

7A.4.3 Chart or Other Presentation	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none">a) the subcontractors (excluding network providers) who would be working on the Iowa Plan?b) the responsibilities of those subcontractors?c) special skills of those subcontractors?d) the location of the office of each subcontractor from which they will provide their subcontracted services? <p>2. If there is more than one subcontractor, does the number of subcontractors appear to be too large or to potentially hinder the bidder's successful operation of the program?</p> <p>3. Did the bidder propose to subcontract any functions that the evaluator believes are integral to successful program operation and should not be subcontracted?</p>	<p>N/A - no subs.</p>			

Bidder Name: Ulo

7A.4.4 Financial Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Did the Bidder provide the following information:</p> <ul style="list-style-type: none"> audited financial statements from independent auditors for the last three years. If the bidders did not have financial statements, did it provide a detailed explanation of why they are not available and provide alternatives that were acceptable to the Departments? a minimum of three written financial references including contract information? <p>2. Do the financial statements or alternative financial information demonstrate that the bidder has the financial wherewithal to serve as a stable partner to the state?</p> <p>3. Do the financial statements or alternative financial information raise any concerns about the bidder's qualifications to serve as the Iowa Plan contractor?</p> <p>4. Do the references provided by the bidder confirm that the bidder has conducted its financial business in an appropriate manner and is qualified, based on its financial practices and financial status alone, to serve as the Iowa Plan contractor?</p>	<p>Attachment 5 is not audited / financials it's Attachment 4 Combined 05/16 3 yrs. 06/07 07/08 It appears that they have financial wherewithal ✓ Yes Brock + Annie Wachter Mark VA Inc.</p>			

Bidder Name: _____

7A.5 Budget Worksheet and Narrative - 10% This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 3 pages. Does it exceed? Y/N?

7A.5 Budget Worksheet and Narrative	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Does the bidder propose that the percentage of the Medicaid capitation payment allocated to the Medicaid Administrative Fund will be less than the RFP-specified maximum of 13.5%?	yes	12.75%		
2. Does the bidder propose that the percentage of the IDPH payment allocated to the IDPH Administrative Fund will be less than the RFP-specified maximum of 3.5%?	no	3.5%		
3. Does the bidder propose using the Community Reinvestment Account fund on: <ul style="list-style-type: none"> services that would benefit eligible persons? services that the bidder has identified in response to 7A.2.6.b), 7A.2.13.b), or other questions within Section 7 of the RFP? (this question is to assess internal consistency within the bidder's response) 	yes	yes		

84.75% MLR

Bidder Name: C/O .

7A.6 Required Certifications	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Does the bidder include all the required certifications? (Y/N)</p> <ul style="list-style-type: none">• RFP Certifications and Mandatory Guarantee• Release of Information• Mandatory Requirements and Reasons for Disqualification	<p>Y³</p>	<p>Y³</p>	<p>X³ - behind TL.</p>	

Bidder Name: Value Option

7A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.8.a)</p> <p>2. If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate?</p>	<p>Whenever SA is referenced, utilization management guidelines identified are (Massachusetts) MBHP and not ASAM focused.</p> <p>Weakness: Always reference Massachusetts not Iowa.</p> <p>Referenced ASAM but not how providers will use it and monitor.</p> <p>No "guidelines" – just reference ASAM at end of each covered service; assumes provider has an understanding of ASAM. Doesn't state what is required of authorizations.</p> <p>Strength: Retro Reviews – ok – monitor ASAM (in section 6 rather than 7A.28A)</p> <p>Then ID criteria for continued stay, but minimal compared to ASAM. Provided examples of Massachusetts and Iowa instructed to see ASAM criteria.</p> <p>Strength: State they use ASAM but minimal description of how they will use it.</p>

ValueOptions

Iowa Plan Reprocurement Evaluation

7A.2.18.a)

Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:

Insolvency Protection Account
Surplus Fund
Working Capital

Yes, they state that they will have investments in a combination of certificates of deposit, money market funds, short-term commercial paper, and cash.

Did the bidder disclose the source of the capital required?

Yes, they stated that ValueOptions would provide the funding for these accounts.

Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?

ValueOptions cash and cash equivalents balance as of December 31, 2007 was only \$1.8 M. They do have \$316 M in current assets, but \$212 M is restricted cash.

Does the bidder's source of capital appear to be sufficient and stable?

It is not apparent how ValueOptions of Iowa will be able to fund the initial reserve accounts. Even there parent company FHC Health Systems has a relatively low cash balance of \$25.8 M

7A.2.18.b)

Did the bidder demonstrate that its organization is financially sound?

We did not receive any statements from ValueOptions stating any financial highlights.

Do the bidder's financial statements and those of any corporate parent support it's claims?

ValueOptions and it's parent company, FHC Health Systems, Inc, have a very low cash and cash equivalents balance as of December 31, 2008, relatively speaking. FHC had a balance of \$25.8 million in its cash and cash equivalents account.

If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful?

The bidder did not make any statements claiming what corrective measures were taken, but their Current Ratio has improved over the past three years.

✓ No FHC 1.2 1.27
67 08

Did the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of the financial statements for the bidder's parent company, if applicable?

The bidder provided audited financial statements for years 2005, 2006, and 2007 for ValueOptions, Inc and also provided years 2007, and 2008 for it's parent company, FHC Health Systems, Inc.

1.2, 1.7 *achas*

Did the bidder provide it's most recent three years of independently certified audited financial statements of it's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable?

The bidder provided audited financial statements for years 2005, 2006, and 2007 for ValueOptions, Inc and also provided years 2007, and 2008 for it's parent company, FHC Health Systems, Inc.

Do the audited statements reveal an financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability, or corporate interests?

There is a lawsuit that is pending post-trial motions as of March 2009 where a verdict was returned against the bidder along with others in the amount of \$34.9M. Value Options management believes there are numerous meritorious grounds to appeal the verdict, and intends to do so. However, management also believes that a loss is probable and therefore has recorded its best estimate of the amount of liability the company will ultimately incur.

7A.2.18.c)

*24 car
a third
liability*

Did the bidder discuss what impact the recent declines in the stock market have had on the bidder's financial stability, how the bidder has responded, and any implications for the bidder's ability to meet the requirements of this RFP?

The bidder did not discuss this issue.

Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity?

The bidder did not discuss this issue.

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

7A.2.17 Management Information System (Section 6.4 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.17.c)</p> <p>1. Did the bidder describe an adequate process to ensure appropriate allocation of reimbursement when:</p> <ul style="list-style-type: none">i. services are being provided to a person who was a Medicaid enrollee and whose Medicaid eligibility terminated and the person then, during the same treatment episode, became a IDPH participant?ii. services are being provided to a person who was a IDPH participant receiving services and, during the same treatment episode, became a Medicaid enrollee?	<p>1. Yes</p> <p>Strength:</p> <ul style="list-style-type: none">• To assure compliance with this requirement, will work with DPH to do a comparison of Enrollees included in the DPH client count with the Medicaid enrollment file of the same month. As long as the I-SMART number is retained in the file provided by DPH to VOI, the VOI reporting analysts will be able to identify potential errors in allocation by matching part of the I-Smart number and segments of Medicaid Enrollees' social security numbers.• Based on policies established by DPH and DHS, DPH will be considered the "payor of last resort." Therefore, VOI will ensure that all substance abuse programs comply with guidelines. <p>Weakness:</p> <p>N/A</p>

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

7A.2.17 Management Information System (Section 6.4 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.17.b)</p> <ol style="list-style-type: none"> 1. Did the bidder describe adaptations to its MIS which would be made to allow reimbursement for covered, required and optional services provided even if the Enrollee's Medicaid eligibility and Iowa Plan enrollment effective date were determined subsequent to the Eligible Person's month of application? 2. Do the bidder's proposed adaptations to its MIS to allow reimbursement for covered, required and optional services provided to enrollees whose eligibility and Iowa Plan enrollment effective dates were determined subsequent to their month of application appear appropriate and likely to be effective? 	<ol style="list-style-type: none"> 1. Yes 2. Yes <p>Strength:</p> <ul style="list-style-type: none"> • To address retroactive eligibility and ongoing service request needs, propose the use of our Enrollee registration process available to providers through ProviderConnect. • If the Enrollee is being seen on an urgent basis, the provider will contact the Clinical Customer Service unit, which will create a "temporary" Enrollee record, and services will be authorized. • For the Iowa Plan, will ensure that the MMIS eligibility and FACS data is loaded promptly based on the agreed-upon frequency (e.g. daily/weekly) to minimize the risk of denying a claim inappropriately. • To ensure duplicate registrations are not entered into the system, as the provider creates the registration, system will validate no other record for person already exists within CONNECTIONS platform. <p>Weakness:</p> <p>N/A</p>

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

7A.2.17 Management Information System (Section 6.4 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.17.a)</p> <ol style="list-style-type: none"> Did the bidder describe in detail the management information system the Bidder would implement for the Iowa Plan? Did the description emphasize the way in which the MIS system would function to gather required data and produce required reports as well as providing detail on hardware capabilities? Does the bidder's response address all of the other requirements of Section 6.4 of the RFP? <p>Section 6.4 <i>At a minimum, receives, processes and reports data to and from the following management information systems:</i></p> <ul style="list-style-type: none"> IDPH Iowa Service Management and Report Tool (I-SMART); DHS Medicaid Management Information System (MMIS); DHS Title XIX eligibility system; and <p>MHI (mental health institute) information system.</p> <p><i>The management information system implemented by the Contractor shall conform to the following general system requirements:</i></p> <ul style="list-style-type: none"> On-Line Access On-line access to all major files and data elements within the MIS. Timely Processing Daily file updates: member, provider, prior authorization, and claims to be processed. Weekly file updates: reference files, claim payments. <p><i>Edits, Audits, and Error Tracking</i></p> <ol style="list-style-type: none"> Comprehensive automated edits and audits to ensure that data are valid and that contract requirements are met. System should track errors by type and frequency. It should also be able to 	<ol style="list-style-type: none"> Yes Yes Yes <p>Strength:</p> <ul style="list-style-type: none"> Manages 25 Medicaid/public assistance programs covering more than 4.5 million lives in 12 states. Many programs serve areas with more than 100,000 residents. Operate state, municipal and county contracts in large urban areas, as well as in rural and frontier areas. Maximize the use of state and federal dollars through a Braided Funding(sm) financial model. Braided Funding(sm) helps states pool Medicaid dollars and other funds, improves coordination between agencies, enhances accountability, and allocates scarce taxpayer dollars in the most efficient manner possible. CONNECTIONS is a suite of fully integrated and customizable applications designed to support innovative behavioral healthcare programs. The CONNECTIONS platform represents over 20 years of behavioral health experience and associated best practices in supporting public sector behavioral healthcare programs. Claims processing capabilities in ClaimsConnect is augmented by the integrated eligibility/enrollment, provider, electronic claims submission, inquiry tracking, data warehouse, and interactive voice response subsystems. FileConnect will transfer files to and from the State's MMIS and the Mental Health Institution MHI systems.

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

maintain adequate audit trails to allow for the reconstruction of processing events.

System Controls and Balancing

Adequate system of controls and balancing to ensure that all data input can be accounted for and that all outputs can be validated.

Back-up of Processing and Transaction Files

- 1. 24-hour back-up: eligibility verification, enrollment/eligibility update process, prior authorization processing;*
- 2. 72-hour back-up: claims processing, and*
- 3. 2-week back-up: all other processes*

- The claim and encounter extract process will suspend the submission of a claim or encounter if the related provider record has not been successfully extracted for submission to the MMIS. The MMIS provider extract response file is evaluated for rejected provider records, and each denied record is analyzed for correction within one week.
- Reviewed the I-SMART program as well as the reports published and distributed to the providers. Will be able to at least meet this requirement. Direct experience in providing report cards to providers via the web and would utilize our experience to bolster the current process.
- Application resides on an IBM iSeries (AS/400) i5 570 application server running IBM's V5R4 OS/400 operating system.
- Majority of the managed care functions for the State of Iowa will be performed by our Iowa-based staff in Des Moines, as well as the three satellite offices located in Iowa.

Weakness:

- Ad hoc reports requested by clients, which are based on our current data structures are usually developed and delivered to client within 10 days from the date that the specifications have been outlined. **(Could turnaround time be improved?)**

V10

Σ Per. count + grade effs = web bed contour call / fee x fee treaty.
JJ working rep mbl.

Σ Plasma Connect system to track Rx cutting + identifying QIPs!

Σ will have collection Nels & Depth + Community to develop C.I.D.
corpus mbl.

w. Specific criteria for high/higher?—what are they

U/O

Use of R&A section

5. Pharmaceutical System: Utilizes Nat'l Guidelines - Alerts w/in the system → notes.
 - Gaps in adherence; high-risk sites first; early d/c of Rx;
 duplicate rx - Report, power full system

5. Consumer Satisfaction Team strength in MA. → EA.

5. EA Plan sample: Tight: Copulation - ~~Best~~

UBA-PA

Means/Chapters

MA drug

sample of P4P - primary prevention

→ Reports fed into & measures/optimizations

W. show how performance by person & not complication & address performance

W. MA-Z15.C - not adjust/offset w/in the section.

Wk Top implantation to MA

U. low/sloppy presentation 2-15.d - no 1-37

had out 110

2-15.g. number by i.e. 13

up to

Redundant to other section.

Expectations

Value/optimization

- 5- Real time performance metrics in Intelligence environment system.
- 5- Real time metrics given for value performance metrics. - check system, clear from construction \rightarrow development of product.
- 5 value that began rewards best practices - about measures of products.

W. Disappointing at the

was

PCC capabilities that in our: overall performance in T.S.
performance:

W. on examples heavy on utilization data compared to performance, outcomes, quality indicators.

W. Accuracy of Systems data: is this discrepancy?

5. Act / Items / Dist / WDA

Magellan
 5. External Region by Region analysis of capacity very specific on priority level strategies, ✓

7-A-2-6

Waxman: No time frame for ~~at least~~ ^(10 per support) ~~at least~~ ^{units in 6.}

Level 1 12-anti 1/10

24 hr. 5 to 6 anti 1/10

54 per support ?

Waxman: very high relation in flexible jobs for integrated with + impacts. ^{50.}

✓

5. Regulation seems to be very abstract but for tracking

(5) Good example of migration - is it possible? - coordination in participation

1. Maxwell's indicators

we have comment on, Enabling not understanding what it means to make a point for law?

We have, was medical necessity - but we why this is hard, did not use MA for

We not reach definition, in sp of guidelines to countries in relation to health. open looking problem arising

5. Multi-Aspect methods ~~to measure a large degree of~~
 Gen. Acen; Adequacy Rpts; Duration & Area; Peak Discontinuity

5- Use of Physiology + Index 1As

5. Demonstrating ex post teletransformation - 84 of 99 Gen-2s in Harlem Referral
 Sample Areas - 1:24 and 1:1 of 45 children

5. Child Upon Consultation - based on not needed.

W. Point possible evidence of merge RPT block you + facts in
 Time example.

W. Description of how they affect psychological storage in other states
 is not well learned / calculated. Since + blocks - effective.

W. ~~that~~ description fully work: 17s